



The Grizzly Track Club is an organization focused on training and preparing high school athletes for upcoming sports. It is open to students from all schools. Members are responsible for joining USATF for the current year (cost is \$30). They must also complete and return the Parental Permission: Health Authorization: Release Form. If you are already a 2023 USATF member, please just submit your prior e-mail confirmation.

The fall session will begin Monday, December 4th and last for 9 weeks ending Thursday, February 1st. Workouts will be held at the Cal High track from 3:30-5:00 on Monday through Thursday each week, and may be modified during winter break.

For more information, please contact Coach Karbo at thekarbos@aol.com.

USATF Membership Info.

1. Go to <https://www.usatf.org>
2. Click on "Membership" on the top menu and choose "Join/Renew"
3. Fill out the membership form online
4. Under "USATF Registered Club" type in 491 for club number
5. For "Sports Codes" check both track events and field events
6. In "Membership Categories" select Athlete
7. Click "Next" at the bottom to go to the verification page
8. Select "Checkout" to submit payment information
9. Write down your USATF member number for future reference

GTC checklist to turn in

- Copy of USATF membership confirmation e-mail with USATF number on it
- Parental Permission: Health Authorization: Release Form filled out

Grizzly Track Club

Parental Permission: Health Authorization: Release Form

Athlete's Name _____

Address _____ Phone _____
(Street, city, zip)

School _____ Grade _____ Birth Date _____

Parent / Guardian Name _____ Home Phone _____

Address _____ Work Phone _____
(Street, city, zip)

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT / GUARDIAN

Name _____ Phone _____



HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____

Phone _____

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

List all conditions (such allergies, seizures,) for which your child requires ongoing medication and state the type of medication given _____

Has your child had difficulty with the following (circle all that apply)

Asthma	Fainting Spells	Convulsions	Diabetes	Heart
Eyes	Ears Nose	Throat	Lungs	Digestion
Other _____				

List any physical restriction for any sport activity on the basis of medical condition _____

State the date of your child's last physical examination _____

